

**VILLAGE OF SUSSEX  
SEX OFFENDER  
RESIDENCY BOARD PETITION**

Type or print answers to every question on this Petition.

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    FIRST                      MIDDLE                      LAST

Current Address: \_\_\_\_\_  
  STREET                      CITY                      STATE                      ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name / Age / Relationship of those persons that you live with now:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

What address are you seeking to move to/remain at?

\_\_\_\_\_  
                    STREET                      CITY                      STATE                      ZIP

If you already live at an address you are seeking to remain at please state the date you moved to that address

\_\_\_\_\_

Is this a rental property? ☐ Yes ☐ No If "Yes," you must include a letter from the landlord with this Petition that states both a willingness to rent to you and knowledge that you are a registered sex offender. Your petition will not be heard until you submit such proof.

Name / Age / Relationship of those that you are seeking to live with:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name of your Department of Corrections Agent: \_\_\_\_\_ ☐ N/A  
  FIRST                      LAST

Agent's Phone Number: (     ) \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

If applicable, attach a copy of the Department of Corrections' Residence Assessment. Your petition will not be heard until you provide the Assessment. ☐ Attached ☐ N/A

## SEXUAL OFFENSE(S)

### Sexual Offense #1

Offense Degree: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Conviction Date: ____/____/____
Offense: _____	Sentence: _____
Offense Date: ____/____/____ Victim's Age ____	Time Served: ____ Years ____ Months

Are you currently under supervision by the Department of Corrections for this offense? ☐ Yes ☐ No

### Sexual Offense #2

Offense Degree: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	Conviction Date: ____/____/____
Offense: _____	Sentence: _____
Offense Date: ____/____/____ Victim's Age ____	Time Served: ____ Years ____ Months

Are you currently under supervision by the Department of Corrections for this offense? ☐ Yes ☐ No

☐ Check here if you have been convicted of three (3) or more sexual offenses and attach extra sheets listing the information above regarding those offenses.

**Please Note:** Your petition will not be heard until you provide copies of criminal complaint(s); judgment(s) of conviction; and police report(s) for each offense as indicated above.

## CRIMINAL HISTORY

Are you currently incarcerated? ☐ Yes ☐ No If yes, when is your expected release date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List ALL prior criminal convictions below, including date and location (city and state where offense occurred) of each offense. Do not include Juvenile Offenses. Attach extra sheets if needed:

1) _____	_____	_____
Offense	Year	Location (City and State)
2) _____	_____	_____
Offense	Year	Location (City and State)
3) _____	_____	_____
Offense	Year	Location (City and State)
4) _____	_____	_____
Offense	Year	Location (City and State)

### COMPLETED TREATMENT PROGRAMS

This confidential part of your petition will only be available to the Residency Board and not be available to the public.

List the names of any treatment programs you have completed and attach documentation confirming that you have completed the treatment program.

- |  |  |
|--|--|
| <input type="checkbox"/> Sex Offender: _____ | <input type="checkbox"/> Document Attached |
| <input type="checkbox"/> Anger: _____        | <input type="checkbox"/> Document Attached |
| <input type="checkbox"/> Alcohol: _____      | <input type="checkbox"/> Document Attached |
| <input type="checkbox"/> Drugs: _____        | <input type="checkbox"/> Document Attached |
| <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Document Attached |

**Please Note:** It is your obligation to provide a document that proves that you have completed a treatment program to have it considered.

### COMMUNITY TIES AND SUPPORT

Have you previously lived in the Village of Sussex? ☐ Yes ☐ No

If "Yes," list all years of residency? \_\_\_\_\_

Identify by name each person or group that will support you if you move to Sussex:

NETWORK	NAME(S) AND CONTACT INFORMATION OF, AND RELATIONSHIP TO, SUPPORTING PERSON(S) / GROUPS
---------	--

- |                                  |                |
|----------------------------------|----------------|
| <input type="checkbox"/> Family  | _____<br>_____ |
| <input type="checkbox"/> Work    | _____<br>_____ |
| <input type="checkbox"/> Church  | _____<br>_____ |
| <input type="checkbox"/> Friends | _____<br>_____ |
| <input type="checkbox"/> Other   | _____<br>_____ |

**PETITIONER'S SIGNATURE**

By signing below, I hereby certify that all statements made in this Petition are **TRUE AND COMPLETE** I understand that any omissions of untruthful statements will be **GROUND FOR DENIAL** of my Petition. Furthermore, I authorize the Village of Sussex to conduct a Criminal Background Check and use any information obtained therefrom at my hearing.

**I Hold Harmless and Indemnify** the Village of Sussex, its officers, agents, and employees, and any persons providing the information, from any liability related to performing the Background Check.

Petitioner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

**SUBMIT COMPLETE PETITION AND REQUIRED DOCUMENTS TO:**

Sussex Village Clerk

N63W24335 Main Street

Sussex, WI 53089

You will be notified of the date and time of your Hearing before the Sussex Sex Offender Residency Board, which may be 30-45 days after receipt of your Petition. You must notify us of any mailing address change(s) during the Petition process.

<b>For Office Use Only:</b>	
Petition Received Date:	Petition Received By (Initials)
Date Notice of Hearing Mailed to Petitioner:	